LOBBYING SUPPLEMENTAL REGISTRATION FORM

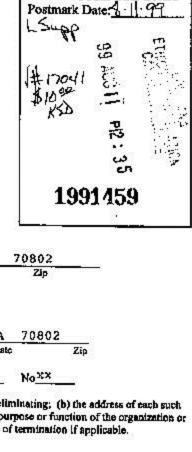
To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

Instructions

- Print in lak or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Beton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.



- 1. NAME Deville, Renwick P.
 Les First MI
- 2. BUSINESS PHONE (225) 344-0381
- 3. BUSINESS ADDRESS 307 France Street Baton Rouge, LA 70802
 Street and No. City State Zip
- 4. EMPLOYER Harris, DeVille & Associates, Inc.
- 5. EMPLOYER'S ADDRESS 307 France Street Baton Rouge, I.A 70802

 Street and No. City State Zig
- 6. Have you ceased or terminated all lobbying activities requiring registration? Yes______ No_XX
- 7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone also pays you to lobby; and (e) the date of termination if applicable.

I.	Name_Kaiser Aluminum				
	Address 5847 San Felipe, Suite 2500 Houston TX 77057				
	Business or purpose manufacturer				
	New Representation Does this person pay you?yos				
	If No, who pays you?				

Terminated Representation as of ______

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2.	Name	granden and an		
i	Address			
1	Business or purpose			
1	New Representation Does this person pay you?	<u></u>		
	If No, who pays you?	The Market of Market of the State of the Sta		
ı	Terminated Representation as of	o ages I		
3.	Name	NAME OF THE RESIDENCE OF THE PARTY OF THE PA		
	Address	SHEARNER MENTAL PROTESTED 7.		
,	Business or purpose			
	New Representation Does this person pay you?			
	If No, who pays you?	Mande La		
1	Terminated Representation as of	25		
Stat	¢ of	<u>-</u> ;		
Pari	sh of	-	80	
Bef	ore me, the undersigned authority, pers	conally came and appeared	, who,	
afte	r being duly sworn by me, did declare	and acknowledge to me that the above statements are true	and correct.	
		Signature of Lobbyist		
Swa	orn to and subscribed before me on this	sday of, 19		
***	9.007	Notary Public		
KEY	. 8/97			